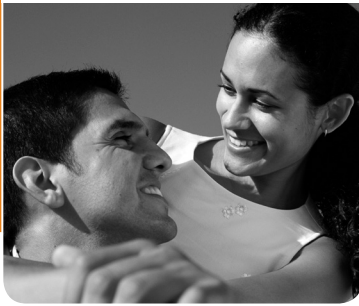


## HOW IT WORKS:



# The Harvard Pilgrim PPO 2018

**The Harvard Pilgrim PPO** gives you maximum flexibility for your health care needs. You have in-network coverage and out-of-network coverage, and the freedom to visit virtually any provider or hospital in Massachusetts or across the nation.

### Do I need a primary care provider (PCP)?

No, you are not required to have a PCP with this plan, although you may want to have one to help coordinate your care.

### How does in-network coverage work?

You have in-network coverage when you receive care from Harvard Pilgrim participating providers and hospitals. In-network coverage can help you save money with lower out-of-pocket costs.

With thousands of participating doctors and hospitals across the country, chances are very good that you can find one near your home or work.

- To locate participating providers, use our online directory at [www.harvardpilgrim.org/bidmc](http://www.harvardpilgrim.org/bidmc) and choose “PPO”.
- If you don’t have internet access, call Member Services for a list of nearby providers and hospitals. The call and the list are free.

### How does out-of-network coverage work?

You have out-of-network coverage when you receive covered services from providers and hospitals that do not belong to the Harvard Pilgrim network. Out-of-network coverage is usually more expensive than in-network coverage. Non-participating providers may bill you for the differences between their charges and the amount Harvard Pilgrim pays for covered services.

### Do I need referrals to visit specialists?

No, you do not need referrals to visit specialists.

### What about going to the hospital?

You do not need a referral to go to the hospital. When you’re going to be admitted to the hospital, services are covered according to what combination of providers you use. If a non-participating doctor is performing your surgery at a participating hospital, you have out-of-network coverage for the doctor’s services and in-network coverage for the hospital’s services. Except in an emergency, you must notify Harvard Pilgrim in advance of a hospital admission when non-participating providers and hospitals are involved.

### What do I do in an emergency?

In a medical emergency, just call 911 or go straight to the nearest emergency room. You have in-network coverage for medical emergencies no matter where you are. If you are admitted to the hospital, someone needs to notify Harvard Pilgrim within 48 hours, or as soon as reasonably possible. Your attending physician may do this, or you can ask someone to do it for you.



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### Do I have coverage when I'm traveling?

You will have in-network coverage in emergencies and when you visit participating providers. You will have out-of-network coverage when you visit non-participating providers.

### What about my prescription drug coverage?

Harvard Pilgrim does not administer your prescription drug coverage. Caremark administers prescription drug coverage for BIDMC employees. If you have questions about that coverage, please contact Caremark at (800) 386-8512 or visit [www.caremark.com/bidmc](http://www.caremark.com/bidmc).

### Prepared for Care: Confidential health support

Whether you need to talk with someone about a recent health diagnosis or want tips for maintaining a healthier lifestyle, remember that Beth Israel Deaconess Medical Center employees have a resource and advocate in Harvard Pilgrim *Prepared for Care* nurse care manager Corrine Palladino, RN, CCM. Call or email Corrine for personalized, confidential and free health support.

- PHONE: (617) 509-9191 (weekdays between 8 a.m. and 5:30 p.m.)
- EMAIL: [corrine\\_palladino@harvardpilgrim.org](mailto:corrine_palladino@harvardpilgrim.org)

## Harvard Pilgrim PPO cost-sharing highlights<sup>1</sup>

	In-Network	Out-of-Network
Annual deductible	None	\$200 per member \$600 per family
Coinsurance	None	20%
Out-of-pocket maximum (includes deductible and coinsurance)	\$1,500 per member \$4,500 per family	\$2,000 per member \$6,000 per family
Preventive care visits	Covered 100%	Covered 80%
PCP and specialist visits	\$20	Covered 80%
Mental health/substance abuse office visits (group and individual)	\$20	Covered 80% after deductible
Inpatient mental health/substance abuse	Covered 100%	Covered 80% after deductible
Emergency room	\$150 (waived if admitted)	
Hospital inpatient	\$150 per admission	Covered 80%
Day surgery (including scopic procedures)	\$150	Covered 80%
High-end radiology (MRI, CT, PET)	Covered 100%	Covered 80% after deductible
Lab/X-ray/diagnostic services	Covered 100%	Covered 80% after deductible

<sup>1</sup> Please refer to the *Schedule of Benefits* and *Benefit Handbook* for details and a complete list of benefits. The *Schedule of Benefits* and *Benefit Handbook* govern in any case in which the information in this document is different.